



Student _____ Date of birth _____

School _____ Grade _____

Identify the triggers that may start an asthma episode (*check all that apply*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Carpets in the room |
| <input type="checkbox"/> Dust/chalk dust | <input type="checkbox"/> Weather changes | <input type="checkbox"/> Strong odors or fumes |
| <input type="checkbox"/> Pollens | <input type="checkbox"/> Molds | |
| <input type="checkbox"/> Animals—Type _____ | <input type="checkbox"/> Food—Type _____ | <input type="checkbox"/> Other _____ |

Explanation

Control of school environment

List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.

Peak Flow Monitoring

"Personal Best" peak flow number _____ Monitoring times _____

Daily Medication Plan

Medication	Amount	When to use
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments/Special instructions

Asthma symptoms (*student may have any or all of the following*)

Chest tightness	Coughing	Wheezing
Shortness of breath	Rapid, labored breathing	Turning blue

Symptoms and intervention

Always treat symptoms even if Peak Flow Meter reading is not available!



Emergency Plan

Urgent action is necessary when the student has asthma symptoms or has a Peak Flow Meter reading less than _____

Give the following medication _____

The student may return to class if symptoms or peak flow reading improve.

Vigorous activity should be avoided.

May repeat inhaler if no improvement in 20 minutes. ☐ Yes ☐ No

Seek emergency medical care (call 911) if the student has any of the following—

- * No improvement in 15–20 minutes after initial treatment with medication and a relative cannot be reached
- * Peak flow less than _____
- * Hard time breathing—
 - Chest and neck are pulled in with breathing
 - Child is hunched over
 - Difficulty carrying on a conversation due to difficulty breathing
 - Difficulty walking due to breathing problems
 - Shallow, rapid breathing
- * Blueness of fingernails and lips
- * Decreasing consciousness

Field trips

- * Medications and Peak Flow Meter should accompany student on all field trips.
- * A copy of this *Daily Asthma Management Plan* and current phone numbers should be with a staff member.

Physician who should be called regarding asthma

Name _____ Phone _____ Fax _____

As **parent/guardian** of _____, I give permission for this plan to be available for use in my child's school and for the nurse consultant to contact the above named physician by phone, fax, or in writing when necessary.

It is understood by parents and physicians that this plan may be carried out by school personnel other than the school nurse. A Registered Nurse is to be responsible for delegation of this plan to an unlicensed person.

_____ (initial if applicable) Signatures of the parent/guardian and the physician indicate that both agree the above named student has been instructed on the proper use of the inhaler and has permission to carry his/her inhaler.

Physician signature _____ Date _____

Parent signature _____ Date _____

School Nurse signature _____ Date _____